



1997 ECONOMIC CENSUS
LUMBER AND OTHER CONSTRUCTION MATERIALS

OMB No. 0607-0825: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

WH-5030

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month

Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT
DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

Preferred
Acceptable

Bil-
lions
(000)

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

Item 4. DOLLAR VOLUME OF BUSINESS

Bil.

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

010

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

121

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

b. Did this establishment earn commissions for the sale of merchandise?

121

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

122

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

d. Commissions received (On transactions reported in item 4c)

123

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

Item 7. OPERATING EXPENSES	Mil.	Thou.	Dol.
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)	040		

Item 8. INVENTORIES						
a. Did you have inventories at the end of 1996 or 1997?						
180	1 <input type="checkbox"/> Yes – Complete the remainder of the item					
	2 <input type="checkbox"/> No – Skip to item 9					

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?						
185	1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)					
	2 <input type="checkbox"/> No – Complete only line c					

End of 1997			End of 1996		
Mil.	Thou.	Dol.	Mil.	Thou.	Dol.
046			047		

c. Total inventories						
(1) Amount not subject to LIFO costing	181			186		
(2) Amount subject to LIFO costing (gross)	182			187		
(a) Amount of the LIFO reserve	183			188		
(b) LIFO value of the line c(2) (net)	184			189		

NOTE – The sum of lines c(1) and c(2) should equal line c
The sum of lines c(2a) and c(2b) should equal line c(2)

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997	PURCHASES AT COST VALUE			
	Bil.	Mil.	Thou.	Dol.
Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)	160			

NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER	Whole percent of sales
Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.	141

a. Export sales	142
b. Restaurants, hotels, food services, and contract feeding	143
c. Retailers and repair shops for resale or repair	144
d. Other wholesale establishments for resale	145
e. Industrial users for production (manufacturing and mining)	146
f. Business users for consumption, not for resale	147
g. Farmers (for farm use)	148
h. Household consumers and individual users	149
i. Builders and contractors	150
j. Governmental bodies (Federal, State, and local)	
k. TOTAL (Sum of lines a through j should total 100%)	100%

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS	
a. Kind of business	
What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.	
(1) Lumber, plywood, millwork, and wood panels – wholesale	070
(a) Lumber (without yard)	<input type="checkbox"/> 503110
(b) Lumber (with yard)	<input type="checkbox"/> 503129
(c) Plywood, millwork, and wood panels	<input type="checkbox"/> 503139
(2) Construction materials and paint – wholesale	
(a) Brick, block, tile, clay/cement sewer pipe	<input type="checkbox"/> 503219
(b) Sand, gravel, and stone	<input type="checkbox"/> 503229
(c) Cement, lime, and related products	<input type="checkbox"/> 503239
(d) Roofing, siding, and insulation materials	<input type="checkbox"/> 503309
(e) Flat glass and other construction glass	<input type="checkbox"/> 503919
(f) Other construction materials	<input type="checkbox"/> 503999
(g) Paint, varnishes, wallpaper, and supplies	<input type="checkbox"/> 519809
(3) Lumber, building materials, and paints – retail	
(a) Lumber yard	<input type="checkbox"/> 521140
(b) Building materials	<input type="checkbox"/> 521150
(c) Paint and wallpaper store	<input type="checkbox"/> 523110
(d) Glass dealers	<input type="checkbox"/> 523120
(4) Construction contracting – Specify kind	<input type="checkbox"/> 777777
(5) Ready-mix or transit-mixed concrete	<input type="checkbox"/> 327300
(6) Other kind of business – Specify	<input type="checkbox"/> 777777
b. Selling characteristics	
(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.	
068	
From physical displays of priced merchandise	1 <input type="checkbox"/>
From a counter (little or no display)	2 <input type="checkbox"/>
From a warehouse or office	3 <input type="checkbox"/>
Other – Describe	4 <input type="checkbox"/>
(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.	
069	
Location and store attractiveness	1 <input type="checkbox"/>
Advertising to the general public, including direct mail advertising	2 <input type="checkbox"/>
Advertising to the trade or calls directly to customers	3 <input type="checkbox"/>
Other – Describe	4 <input type="checkbox"/>
c. What percent of your sales are drop-shipped and do not enter this establishment?	Percent
	111
	%

Item 12. TYPE OF OPERATION	
What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box.	
060	
a. Own-brand importer and marketer	<input type="checkbox"/> 14
b. Merchant wholesaler (buying and selling on own account)	
(1) Importer	<input type="checkbox"/> 12
(2) Exporter	<input type="checkbox"/> 13
(3) Merchant wholesale distributor or jobber	<input type="checkbox"/> 11
c. Manufacturers' sales branches and offices	<input type="checkbox"/> 20
d. Agent, broker, and commission merchant	
(1) Auction company	<input type="checkbox"/> 41
(2) Broker (representing buyers and sellers)	<input type="checkbox"/> 42
(3) Commission merchant	<input type="checkbox"/> 43
(4) Import agent	<input type="checkbox"/> 44
(5) Export agent	<input type="checkbox"/> 45
(6) Manufacturers' agent	<input type="checkbox"/> 46
e. Other broker or agent – Specify type	<input type="checkbox"/> 77

If not shown, please enter your 11-digit Census File Number from the address label on page 1							Census File Number							
Item 13. COMMODITY LINES							Item 13. COMMODITY LINES – Continued							
Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)							Commodity lines		Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
					Bil.	Mil.				Thou.	Dol.	Per-cent		
HOW TO REPORT PERCENTS	If figure is 38.76% of total sales	• Report whole percents	Not acceptable	Bil.	Mil.	Thou.	Dol.	Per-cent						
									39					
									38.76					
Commodity lines			Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.										
				Bil.	Mil.	Thou.	Dol.	Per-cent						
1. Lumber: rough, dressed, and finished			100	101				102						
a. Dimensional lumber (non-treated)			0611											
b. Treated lumber			0612											
c. Boards (Report gypsum and specialty boards on line 2c)			0613											
d. Total (Sum of lines 1a through 1c)			0600											
2. Plywood, panels, and millwork														
a. Softwood plywood and oriented strand board (OSB)			0621											
b. Other panels products (including hardwood plywood, waterboard, and particleboard)			0622											
c. Gypsum, specialty boards, and treatments			0623											
d. Wood millwork (doors, windows, cabinets, etc.)			0624											
e. Metal millwork			0625											
f. Other millwork and wood siding (including trusses and wood roofing)			0626											
g. Total (Sum of lines 2a through 2f)			0620											
3. Brick, stone, tile, sand, block, cement, and gravel														
a. Ready-mixed or transit-mixed concrete			0711											
b. Cement and lime			0712											
c. Sand, gravel, and crushed stone			0713											
d. Brick, block, tile, clay/cement sewer pipe, etc.			0714											
e. Total (Sum of lines 3a through 3d)			0700											
4. Roofing, siding, and insulation materials														
a. Roofing, except wood			0721											
b. Siding, except wood			0722											
c. Insulation materials			0723											
d. Total (Sum of lines 4a through 4c)			0720											
5. Flat glass and other construction glass (excluding automotive)			0730											
6. Other construction materials														
a. Rain-carrying equipment (down spouts, gutters, etc.)		0741												
b. Prefabricated buildings and structural assemblies (nonwood)		0742												
c. Manufactured (mobile) homes		0743												
d. Construction materials, n.e.c. (including wire fence and construction paper)		0744												
e. Total (Sum of lines 6a through 6d)		0740												
7. New and rebuilt automotive parts and supplies (Report parts installed in repair work on line 27b)		0200												
8. Flooring and floor coverings		0530												
9. Flat iron and steel products		1120												
10. Iron and steel wire and wire products		1140												
11. Iron and steel pipe and tubing		1150												
12. Iron and steel bars, structural shapes, and bearing piles		1160												
13. Aluminum shapes and forms		1220												
14. Electrical apparatus and equipment		1400												
15. Electrical appliances, household		1500												
16. Electronic parts and equipment, except communication		1600												
17. Hardware		1700												
18. Plumbing and heating equipment and supplies (hydronics)		1800												
19. Warm air heating and air-conditioning equipment and supplies		1900												
20. Abrasives, strapping, tape, inks, and mechanical rubber goods		2460												
21. Forest products, except lumber (including cordwood, hewn posts, poles, and ties)		3120												
22. Plastics materials and basic shapes		5300												
23. Chemicals and allied products (excluding agricultural, plastics, gases and petroleum)		5330												
24. Paint, paint supplies, and wallpaper		6000												
ITEM 13 CONTINUED ON PAGE 4														

Item 13. COMMODITY LINES – Continued						
Commodity lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per- cent
25. Miscellaneous commodities – <i>Specify</i>						
076						
a. 077	9811					
b. 078	9812					
c.	9813					
26. Rental and operating lease receipts	9940					
27. Service receipts and labor charges (including installed parts)						
a. Labor charges for repair work	9701					
b. Parts installed in repair work	9702					
c. Other service receipts and labor charges – <i>Specify</i>						
	9703					
d. Total (Sum of lines 27a through 27c)	9700					
28. Construction receipts	9950					
29. TOTAL (Should equal item 4a if reporting in dollars)	9990					100%

Item 14. LEGAL FORM OF ORGANIZATION	
Which of the following best describes this establishment's legal form of organization during 1997? <i>Mark (X) only ONE box.</i>	
003	1 <input type="checkbox"/> Individual owner (sole proprietorship)
	2 <input type="checkbox"/> Partnership
	3 <input type="checkbox"/> Cooperative association (taxable)
	4 <input type="checkbox"/> Cooperative association (tax-exempt)
	5 <input type="checkbox"/> Government – <i>Specify</i> _____
	0 <input type="checkbox"/> Corporation (<i>Do not mark if any form of cooperative association</i>)
	9 <input type="checkbox"/> Other – <i>Specify</i> _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION	
a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?	
1 <input type="checkbox"/> Yes – <i>Complete this item</i>	
2 <input type="checkbox"/> No – <i>Skip to item 16</i>	
b. Is this company owned or controlled by another company?	Enter name, address, and EIN of the owning or controlling company
097 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	EIN (9 digits) _____
c. Does this company own or control any other company or companies?	Enter name, address, and EIN of the owned or controlled company
098 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	EIN (9 digits) _____

Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued						
d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?				Number 079		
If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.						
Estimates are acceptable if book figures are not available.						
Name		1997	Mil.	Thou.	Dol.	
Number and street		Sales	081			
City State ZIP Code		Annual payroll	082			
1 Kind-of-business description		Paid employees for pay period including March 12				
		083				
Type of operation (choose from item 12)		Cen- sus use	088 089			
Name		1997	Mil.	Thou.	Dol.	
Number and street		Sales	081			
City State ZIP Code		Annual payroll	082			
2 Kind-of-business description		Paid employees for pay period including March 12				
		083				
Type of operation (choose from item 12)		Cen- sus use	088 089			
Name		1997	Mil.	Thou.	Dol.	
Number and street		Sales	081			
City State ZIP Code		Annual payroll	082			
3 Kind-of-business description		Paid employees for pay period including March 12				
		083				
Type of operation (choose from item 12)		Cen- sus use	088 089			
REMARKS – <i>Please use this space for any explanations that may be essential in understanding your reported data.</i>						
Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.						
Period covered by this report	FROM:	Mo.	Year	TO:	Mo.	Year
Name of person to contact regarding this report – <i>Print or type</i>						
Title						
Telephone	Area code	Number		Extension		
Signature of authorized person				Date		